Case Review Feedback Process:

A Program Evaluation

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Abstract

The Continuous Quality Improvement, or CQI case review process is a process in which the Cabinet for Health and Family Services, (CHFS), tracks services being provided to clients. As cases are reviewed, feedback is given to the worker. This feedback is intended to help the workers improve their case work and to encourage them to continue doing the things that they are doing well. This research project looked at the effectiveness of the feedback process.

This longitudinal study used secondary data from cases being reviewed in the CHFS office of Marshall County Kentucky. Nineteen cases were selected at random, and two case reviews for each case were analyzed. Based on the data, it appeared that the feedback process is not effective. For future studies it would be beneficial to analyze a larger sample.

Introduction/Literature Review

The Continuous Quality Improvement, (CQI), case review is a process that is completed monthly to look at various portions of randomly selected cases. These cases are reviewed to ensure that workers are adhering to policies and providing adequate services to clients. This process also helps workers to learn what is expected of them with regard to case work. This is a way to hold the workers accountable for the work they are doing or not doing, (Cabinet for Health and Family Services, 2006). The CQI review is meant to do exactly as its title implies, to continue quality improvements.

As mentioned previously, the CQI review process is completed monthly on cases that are randomly selected. These random cases are looked at by reviewers on two levels. The first level reviewers are the county supervisors, and the second level reviewer is the regional CQI specialist. The reviewers use the CQI tool which consists of 184 questions that are related to elements that are required to be completed if applicable to the case being reviewed, (Cabinet for Health and Family Services, 2006).

However, CHFS officials determined that it is not enough to simply review the cases to see what is being done well and what needs to improve. These strengths and barriers need to be brought to the attention of the workers. The feedback process is where the reviewer informs the worker what areas they are doing well and what areas need improvement. The reviewer adds the feedback to the last page of the review tool and gives it to the worker. It is then up to the worker to utilize this feedback. It is at this point where the research question comes in. Is the CQI case review feedback process effective? The potential social problem that fits into this study is whether or not CHFS clients of Marshall County are being provided the best possible services according to CHFS

standards. If the workers are utilizing the feedback and making necessary corrections, it would suggest that CHFS clients in Marshall County are getting the best possible services according to CHFS standards. However, if workers are not making the necessary corrections, it would suggest that the CHFS clients in Marshall County are not getting the best possible services according to CHFS standards.

Methods

Before conducting any actual research, both CHFS and Western Kentucky University Institutional Review Boards, (IRB), were consulted. A research proposal was submitted to each IRB for approval. Once approval to conduct research had been granted by each IRB, the study was conducted.

This exploratory research study used a longitudinal design and utilized secondary data. The secondary data that was utilized was previously collected by Dr. Ruth Huebner. The instrument used was a 184 question qualitative survey. These surveys were designed to assess the quality of case work that is being provided to CHFS clients, (Cabinet for Health and Family Services, 2006). The cases that were assessed were randomly selected. After the survey had been completed the reviewer provided feedback to inform the worker of what areas needed improvement. The information was then shared with the worker. Since the cases were selected randomly, the probability for a case to be reviewed more than once was very high.

For the purposes of this study only cases from Marshall County CHFS office were studied. 19 cases were randomly selected for this study. Each of the 19 cases had been reviewed twice. The objective of this study was too compare the feedback from the first review to the feedback from the second review. As this was an exploratory study, the

purpose was to identify and learn more about any potential problems with the feedback process, (Royse, Thyer, Padgett, & Logan, 2006).

The dependent variables in this study were the case reviews, as they were measured before and after the independent variables of the feedback were introduced, (Barker, 2003). The 14 independent variables in this study include: assess for Native American heritage, update contacts, consent for release of information, update face sheet, update CQA, update case plan, medical information, case closure summary, biological father information, barriers to progress, transfer summary, enter investigation, assess for case closure, and complete ongoing dispositional subprogram. All of theses items were listed as feedback for areas that the workers needed to improve. Not all of these items applied to every case. This data was entered into two separate code books using SPSS software. The first code book was for the initial review data, and the second code book was for the second review data. After entering all data, the two code books were compared by running frequency statistics to determine how frequently each value occurs, (Royse, Thyer, Padgett, & Logan, 2006). The frequency statistics were ran to address the specific research question. The results were then interpreted by the researcher.

Results

Case number one had four out of 14 independent variables after the initial review, update contacts, update face sheet, update CQA, and informed consent. After the second review, case one still had the same four variables. Case number two had no independent variables after the first review. After the second review case number two had one variable, update face sheet. Case number three had two variables after the initial review, update CQA and update case plan. After the second review case number three had five

variables, update CQA update case plan, update contacts, update face sheet and informed consent. Case number four had five variables after the initial review, update CQA, update face sheet, medical information, informed consent, and update contacts. After the second review, no changes had been made to case number four, all five variables were the same. Case number five had two variables after the first review, biological father information, and update contacts. After the second review, case number five had three variables, update contacts, update CQA and update case plan. The biological father information variable had been addressed and was no longer an area needing improvement for this case. Case number six had three variables after the initial review, update contacts, update face sheet, and assess for case closure. After the second review, case number six had four variables, update contacts, update CQA, update face sheet, and complete case closure summary. Case number seven after the initial review had four variables, update contacts, informed consent, progress barriers, and update face sheet. After the second review, case number seven had three variables, update contacts, update CQA and update case plan. Case number eight had one variable after the initial review, update contacts. After the second review, case number eight had no changes, the contacts still needed to be updated. Case number nine had four variables after the initial review, update contacts, update case plan, update face sheet, and progress barriers. After the second review, case number nine had three variables, update contacts, update face sheet, and update case plan. Case number ten had five variables after the initial review, update contacts, update face sheet, informed consent, update CQA and complete case closure summary. After the second review, case number ten had no changes with the same five variables. Case number eleven after the initial review had two variables, update contacts and update face sheet.

After the second review case number eleven had three variables, update contacts, enter investigation, and complete transfer summary. Case number twelve after the initial review had three variables, update contacts, update case plan and complete case closure summary. Case number twelve had five variables after the second review, update contacts, update face sheet, informed consent, update CQA, and update case plan. Case number thirteen had after the initial review three variables, update contacts, update face sheet and progress barriers. Case number thirteen had no changes after the second review, all three variables were the same. Case number fourteen had three variables after the initial review, update contacts, update face sheet and medical information. After the second review case number fourteen had four variables, informed consent, biological father information, update CQA and update case plan. These were four completely different variables than from the first review. Case number fifteen after the initial review had four variables, informed consent, update contacts, update face sheet and update case plan. Case number fifteen after the second review had four variables, update contacts, update CQA, update case plan, and informed consent. Case number sixteen after the initial review had two variables, update contacts and informed consent. After the second review case number sixteen had three variables, update contacts, update CQA and complete case closure summary. Case number seventeen had five variables after the initial review, update contacts, update face sheet, update CQA, update case plan and informed consent. Case number seventeen after the second review had three variables, update contacts, update face sheet and informed consent. Case number eighteen after the initial review had five variables, update contacts, update case plan, update face sheet, medical information and informed consent. After the second review case number

eighteen had four variables, update contacts, update face sheet, update CQA and update case plan. Case number nineteen after the initial review had two variables, assess for Native American heritage and update contacts. Case number nineteen had no changes after the second review. The two variables were the same.

The following are frequency tables that show each of the variables. The first tables represent the first review and the second table represents the second review.

Assess for Native American heritage

	Frequency	Percent	Valid Percent	Cumulative Percent	
Valid	Yes	1	5.3	5.3	
	No	18	94.7	94.7	
	Total	19	100.0	100.0	

Assess for Native American heritage

	Frequency	Percent	Valid Percent	Cumulative Percent	
Valid	Yes	1	5.3	5.3	
	No	18	94.7	94.7	
	Total	19	100.0	100.0	

Update contacts

	Frequency	Percent	Valid Percent	Cumulative Percent	
Valid	Yes	17	89.5	89.5	
	No	2	10.5	10.5	
	Total	19	100.0	100.0	

Update contacts

	Frequency	Percent	Valid Percent	Cumulative Percent	
Valid	Yes	17	89.5	89.5	
	No	2	10.5	10.5	
	Total	19	100.0	100.0	

Consent for release of information

	Frequency	Percent	Valid Percent	Cumulative Percent	
Valid	Yes	8	42.1	42.1	
	No	11	57.9	57.9	
	Total	19	100.0	100.0	

Consent for release of information

	Frequency	Percent	Valid Percent	Cumulative Percent	
Valid	Yes	8	42.1	42.1	
	No	11	57.9	57.9	
	Total	19	100.0	100.0	

Update face sheet

	Frequency	Percent	Valid Percent	Cumulative Percent	
Valid	Yes	12	63.2	63.2	
	No	7	36.8	36.8	
	Total	19	100.0	100.0	

Update face sheet

	Frequency	Percent	Valid Percent	Cumulative Percent	
Valid	Yes	11	57.9	57.9	
	No	8	42.1	42.1	
	Total	19	100.0	100.0	

Update CQA

	Frequency	Percent	Valid Percent	Cumulative Percent	
Valid	Yes	5	26.3	26.3	
	No	14	73.7	73.7	
	Total	19	100.0	100.0	

Update CQA

		Frequency	Percent	Valid Percent	Cumulative Percent	
Valid	Yes	12	63.2	63.2		
	No	7	36.8	36.8		
	Total	19	100.0	100.0		

Update Case plan

		Frequency	Percent	Valid Percent	Cumulative Percent	
Valid	Yes	6	31.6	31.6		
	No	13	68.4	68.4		
	Total	19	100.0	100.0		

Update Case plan

		Frequency	Percent	Valid Percent	Cumulative Percent	
Valid	Yes	8	42.1	42.1		
	No	11	57.9	57.9		
	Total	19	100.0	100.0		

Medical information

		Frequency	Percent	Valid Percent	Cumulative Percent	
Valid	Yes	3	15.8	15.8		
	No	16	84.2	84.2		
	Total	19	100.0	100.0		

Medical information

		Frequency	Percent	Valid Percent	Cumulative Percent	
Valid	Yes	1	5.3	5.3		
	No	18	94.7	94.7		
	Total	19	100.0	100.0		

Case closure summary

		Frequency	Percent	Valid Percent	Cumulative Percent	
Valid	Yes	2	10.5	10.5		
	No	17	89.5	89.5		
	Total	19	100.0	100.0		

Case closure summary

	Frequency	Percent	Valid Percent	Cumulative Percent	
Valid	Yes	3	15.8	15.8	
	No	16	84.2	84.2	
	Total	19	100.0	100.0	

Biological father information

	Frequency	Percent	Valid Percent	Cumulative Percent	
Valid	Yes	1	5.3	5.3	
	No	18	94.7	94.7	
	Total	19	100.0	100.0	

Biological father information

	Frequency	Percent	Valid Percent	Cumulative Percent	
Valid	Yes	1	5.3	5.3	
	No	18	94.7	94.7	
	Total	19	100.0	100.0	

Barriers to progress

	Frequency	Percent	Valid Percent	Cumulative Percent	
Valid	Yes	3	15.8	15.8	
	No	16	84.2	84.2	
	Total	19	100.0	100.0	

Barriers to progress

	Frequency	Percent	Valid Percent	Cumulative Percent	
Valid	Yes	1	5.3	5.3	
	No	18	94.7	94.7	
	Total	19	100.0	100.0	

Transfer summary

	Frequency	Percent	Valid Percent	Cumulative Percent	
Valid	No	19	100.0	100.0	

Transfer summary

	Frequency	Percent	Valid Percent	Cumulative Percent	
Valid	Yes	1	5.3	5.3	
	No	18	94.7	94.7	
	Total	19	100.0	100.0	

Enter investigation

	Frequency	Percent	Valid Percent	Cumulative Percent	
Valid	No	19	100.0	100.0	

Enter investigation

	Frequency	Percent	Valid Percent	Cumulative Percent	
Valid	Yes	1	5.3	5.3	
	No	18	94.7	94.7	
	Total	19	100.0	100.0	

Assess for case closure

	Frequency	Percent	Valid Percent	Cumulative Percent	
Valid	Yes	1	5.3	5.3	
	No	18	94.7	94.7	
	Total	19	100.0	100.0	

Assess for case closure

	Frequency	Percent	Valid Percent	Cumulative Percent	
Valid	No	19	100.0	100.0	

Complete ongoing dispositional subprogram

	Frequency	Percent	Valid Percent	Cumulative Percent	

Valid	No	19	100.0	100.0	

Complete ongoing dispositional subprogram

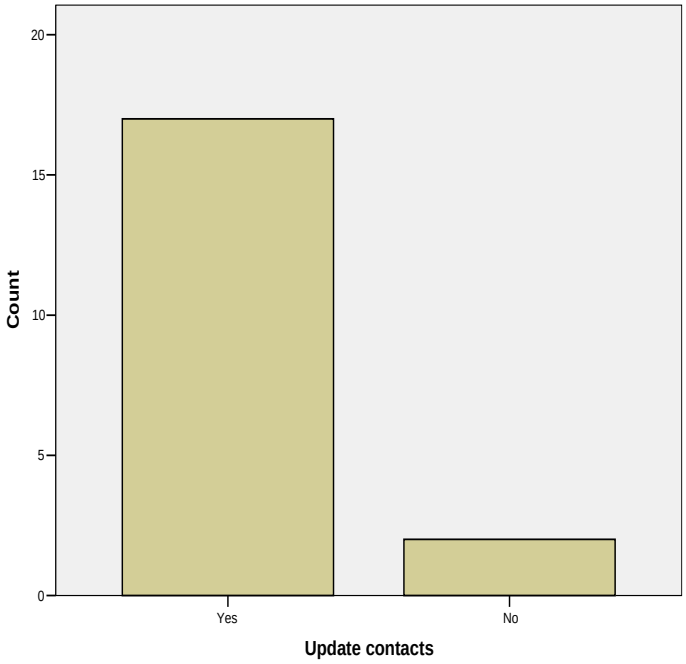
	Frequency	Percent	Valid Percent	Cumulative Percent	
Valid	No	19	100.0	100.0	

These tables show the frequency at which each of these variables were present in the feedback of the case reviews.

Discussion

The purpose of this study was to determine if the feedback process of the CQI case review process is effective. The data from this study revealed that ten out of nineteen cases made no changes after receiving feedback after the review. Nine out of nineteen cases did make some progress toward the feedback suggestions. This data also revealed that several of the cases had additional feedback variables after the second review that were not present on the first. This suggests that based on the data used in this study, the case review process is not highly effective. The data shows that some progress was made, or that the feedback was utilized; however, only nine out of nineteen cases displayed this.

One variable that was present in most every case was update contacts, with seventeen out of nineteen cases. The graph below shows the number of cases that had update contacts as a variable. Since the frequency tables showed no change between the first review and the second review, this graph would accurately represent both first review feedback and second review feedback. This specific data supports this researchers hypothesis of the feedback process being ineffective. However, this is only one variable and it would not be safe to assume based on one variable that this hypothesis is supported.



There are limitations to this study to consider. This study only included cases from Marshall County Kentucky. While the outcome of this particular study tends to show that the feedback process is ineffective, this would not necessarily be true for other areas of the state. There are also other factors to consider. The cases that were reviewed while selected randomly, were not all reviewed by the same reviewer. This study does not have internal validity, as the reviewers may have their own perception or interpretation of a case that is being reviewed. In order for this study to have internal validity, the cases must have been reviewed by the same reviewer that is familiar with the policies and procedures of CHFS and the local office where the case is being reviewed. The tool used by Dr, Ruth Huebner for the initial data collection would be considered both valid and reliable. The CQI case review tool designed to assess the services being provided to clients is valid because it measures what it is supposed to measure, (Royse, Thyer, Padgett, & Logan, 2006). However, the tool is not necessarily reliable, because it can be

affected by external factors such as different reviewers, (Royse, Thyer, Padgett, & Logan, 2006).

Conclusion/Recommendations

This study has brought attention to and broadened the knowledge base of an issue that had not been previously addressed by workers in Marshall County. This study has proven that there is a need for further exploration of this issue. It also raises other questions, such as: are workers in Marshall County providing the best possible service for their clients, and what would be the results if this study were applied to the rest of the region or state? While there are some flaws that need to be addressed with regard to this study; the same overall design could be applied to the entire region and/or state.

References

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